



DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS REGULATION ADMINISTRATION
CORPORATIONS DIVISION
941 NORTH CAPITOL STREET, N.E.
WASHINGTON, D.C. 20002

**CERTIFICATE OF CANCELLATION OF
LIMITED LIABILITY PARTNERSHIP**

Pursuant to the provisions of the District of Columbia Uniform Partnership Act of 1996, We, the undersigned partners present this Statement of Qualification of Foreign Limited Liability Partnership for filing. We acknowledge that the making of a false statement in this application is punishable by criminal penalties under section 404 of the District of Columbia Theft and White Collar Crime Act of 1982 as amended.

1. Name of the Limited Liability Partnership: _____

2. Date of filing of the certificate of Limited Liability Partnership:

3. Reason for filing the certificate of cancellation: _____

4. Effective date of cancellation: _____

**THIS CERTIFICATE MUST BE SIGNED BY ALL PARTNERS WHO ARE AUTHORIZED BY A
MAJORITY IN INTEREST:**

Signature, name and address of each new partner:

Signature, Printed Name (Type or Print)

Address

Signature, Printed Name (Type or Print)

Address

Signature, Printed Name (Type or Print)

Address

(Attach additional signatures and names if necessary)

FILE IN DUPLICATE WITH ORIGINAL SIGNATURES ON EACH

Department Use Only: Filing Fee: \$100.00 [] Date Filed _____ By: _____